	PAIEN	ORE	'	( <del>1</del>								
CLAIMS AS FILED - PART I												+
_	(Column 1) (Column 2)								ENTITY	•		R THAN
1	OTAL CLAIM	S							<u> </u>	OF		. ENTITY
FOR .			NUMBE	A FILED	NUM	NUMBER EXTRA		RATE BASIC FI	<del></del>	.	BASIC FE	FEE
Ī	OTAL CHARGE	110	minus 20=					1	H <sup>OF</sup>	<b>-</b>	740.00	
ik	DEPENDENT	400	<b>37</b> minus 3 =		. 0		X\$ 9=		OF	X\$18=	L	
М	ULTIPLE DEPE	ENDENT CLAIM I						X42=		OR	X84=	
* /	f the difference	te in column 1 is	. (000 1)				J	+140=		OR	+280=	
				ess than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	740
		(Column 1)	AMENDE	MENDED - PART II							OTHER THAN	
~		CLAIMS		(Colun		(Column 3)	SMALI	LENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY OR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	10	Minus	- 2	<u> </u>		11	X\$ 9=		OR	X\$18=	
₹		Independent + A Minus - 3		<b></b>	=	1 1	X42=		OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	<del>                                     </del>	1	200	
	•						L	TOTAL	-	OR	+280=	
		(Column 1)		(Colum	n 21	(Caluma 2)	A	DOIT. FEE		OR	ADDIT. FEE	
8		CLAIMS REMAINING		HIGHE	ST	(Column 3)	1 г		4854	1		
MEN		AFTER AMENDMENT		PREVIOU PAID F	JSLY OR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 10	Minus	2	0	= ~		X\$ 9=		OR	X\$18=	
	Independent	· 2	Minus	3		=	1	X42=			X84=	
_	·	NTATION OF MU	JUNPLE DE	PENDENT (	CLAIM		╽┟	140		OR		
							L	+140=		OR	+280=	
		(Column 1)					AC	DIT. FEE	L	OR	TOTAL ADDIT, FEE	
,	aniei luse	(Column 1) CLAIMS		(Column HIGHES		(Column 3)	_					
		REMAINING AFTER		NUMBE PREVIOU	R	PRESENT EXTRA		RATE	ADDI- TIONAL		0.175	ADDI-
	Total	AMENDMENT		PAID FO	DR	CAIRA	L	,,,,,,,	FEE		RATE	TIONAL FEE
: }	Independent		Minus Minus	# 10		=		X\$ 9=		OR	XS18=	
+					MIAI	-		X42=		OR	X84=	
41405												
If the "Highest Number Previously Paid For the Trus Space" is used to a TOTAL												
		nber Previously Paid ber Previously Paid					ADO	DIT. FEE L		OR A	2017 556	
			- Train At		is the fi	Ansar unwoer	ionuq	iii ine app	ropriale box	in colu	mn t.	

Application or Docket Number